ART. XI.—*A Peculiar Case of Hæmatocele.* By CHARLES M. ALLIN, M. D., Surgeon to the New York Hospital.

THE occurrence of hæmatocele, succeeding or combined with hydrocele, or resulting from the wounding of some vessel in the operation of tapping the tunica vaginalis, is not very unfrequent. Its spontaneous appearance and growth, however, are quite rare, and the additional distension of the sac *by air* has never, so far as I have been able to learn, been noticed. I have therefore considered that the following case, which presented itself during my recent term of attendance at the hospital, was worthy of record, though I regret that the final result was not so satisfactory as I had reason to expect. This result, however, is not fairly attributable to a cause necessarily connected with the disease or its treatment, as was clearly demonstrated at the post-mortem examination.

H. W., a German, 38 years of age, *a shoemaker*, was admitted into the hospital, August 15, 1865. He stated that, fifteen years ago, his scrotum upon the right side began to swell without any apparent cause. This enlargement continued, slowly but steadily, to be augmented until about six years since; from which time it remained stationary, at about the size of a large orange, until three weeks ago, when suddenly, and without either injury, unusual exertion, or other assignable cause, it became distended, in a single night, to the dimensions presented at his admission. There had never been any treatment employed from the beginning of the swelling. The tumour now very closely resembled, in size and form, a bullock's heart, with the apex below. Its dimensions, by measurement, were as follows:—

Vertical and lateral circumference, 22 inches. Vertical and antero-posterior circumference, 18 inches. Horizontal circumference at base, 13½ inches. Horizontal circumference at junction of upper and middle third, 17 inches. Horizontal circumference at junction of lower and middle third, 13 inches.

The right testicle could not be distinctly recognized, and the dioptric test failed to elucidate its exact position or the nature of the tumour, there being only slight translucency, if any, at the apex, and absolutely none elsewhere throughout its extent. The tumour was very tense, elastic, and slightly tender; fluctuation was very indistinct; the superficial scrotal veins were enormously distended, and over the whole upper portion there was *very marked resonance on percussion*. There was no impulse felt when the patient coughed, though there was an unusual eminence along the course of the spermatic cord, fully up to the abdominal ring. The other testicle was normal in size and position, though crowded to the left by the immense development of the right half of the scrotum. The penis was reduced in external size to a mere knob upon the upper surface of the tumour. There was but little abnormal heat about the parts, and the patient only complained of the dragging weight of his huge scrotum.

On the 17th, for the purpose of exploration, I made a small incision in the scrotum, just below the middle of its anterior surface, and passed a medium size trocar and canula into the cavity of the sac. The latter proceeding was accomplished with some difficulty, owing to the great thickness and firmness of the walls of the sac. On withdrawing the trocar, there

passed through the canula a dark chocolate-coloured fluid of about the consistence of strong beef-tea. This was followed by a quantity of small fibrinous coagula, and a *copious discharge of air*. The discharge was not free, the canula being much obstructed by the flocculent masses, but by freeing the canula with a director, and by pressure, especially from above, a considerable quantity more of the same substance, and more air escaped. *Neither the fluid nor the gas was at all fetid.* There were evacuated at this operation about twelve ounces of fluid, reducing the tumour to about two-thirds of its former size. Its resonance, however, was persistent.

This explorative proceeding of course perfected the diagnosis of hæmatocele, though the extraordinary presence of so large a quantity of air in the cavity of the sac, and this air so free from odour, was to me a new feature, and one not easily explained.

On the 21st, the patient's general condition was about the same as before the puncture; but, a little circumscribed inflammation around the orifice where the trocar was introduced, and a slight discharge of pus presenting, with a probe-pointed bistoury I enlarged my former incision, and evacuated the entire contents of the sac, the quantity being from a pint to a pint and a half of fluid, and again a large amount of gas. The character of the fluid was similar in appearance to that which escaped at the first opening, except that there were at the bottom of the sac about two ounces of pus. The entire contents of the tumour were now, not as before inodorous, but very fetid. When emptied, the walls of the tunica vaginalis were found to be nearly an inch in thickness.

Upon consultation with my colleagues in the hospital, it was decided that the sac should be extirpated. Accordingly, the patient being etherized, I removed the entire contents of that side of the scrotum by the usual operation. All the tissues of the scrotum were very much thickened, especially the dartos. The vessels encountered were enlarged and bled quite freely, and the cremaster muscle was immensely hypertrophied, simulating a normal external oblique. A redundant portion of scrotum, which was largely infiltrated with serous fluid, was now cut off, and the wound closed except the inferior two inches.

The patient's condition was very good, and the appearance of the wound was very satisfactory, though there was some tenderness around and above the inguinal ring, until the fourth day after the operation. At this time, erysipelatous inflammation showed itself in the wound, became rapidly phlegmonous in its character, and extended upwards and outwards beyond the anterior superior spine of the ilium. Free suppuration followed, and though counter openings were made, the deep burrowing continued, and the patient gradually became more and more exhausted, and died Sept. 2d.

At the *post-mortem* examination, the suppuration was found to have extended in the course of the fibres of the obliquus externus, destroying that muscle throughout nearly its whole extent. The cartilage of the tenth rib was exposed, and below this point the only vestiges of the muscle were a few scattered fibres. Even the aponeurosis over the inferior third of the rectus abdominis was destroyed, together with some of the connective tissue between its fasciculi. The remains of the cord in the upper part of the scrotum were apparently sound; and, on opening the abdominal cavity this supposition was verified by finding the spermatic canal entirely closed at its exit, though there was an unusually large and patulous internal ring. The vas deferens was of normal size, pursuing its natural direction to the neck of the bladder, and there was not the slightest evidence of inflammation along its course or in any portion of the peritoneum.